



**REPUBLIC OF CYPRUS  
MINISTRY OF HEALTH**

**Guidance for the Care of Confirmed Cases of COVID-19 at Home**

- Patients with mild symptoms of COVID-19 and no serious underlying disease (e.g. cardiorespiratory illness, renal failure, immunodeficiency) can be cared for at home. Also, patients who have completed their care in hospital and have been discharged can be cared for at home. The decision for care at home depends on careful clinical assessment, the presence of appropriate living conditions and the possibility for regular communication between the patient and health professionals.
- When a patient is cared for at home, it is advisable that the following conditions are in place:
  - The patient stays in his own well -ventilated room
  - Ideally, one person should be designated to care for the patient and this person should not be in the vulnerable patient category. Visitors should not be allowed
  - If possible, the rest of the family members should stay in a separate room, maintaining the recommended distance of 2m from the patient.
  - Movements of the patient should be kept to a minimum and good ventilation of shared space is essential.
  - A simple surgical mask should be worn by the carer and contact of hands with the mask should be avoided. The mask needs to be disposed of when it is used, soiled or wet. After discarding a mask, hands need to be cleaned using hand sanitizer (with >60% of alcohol)
  - Careful hand hygiene needs to take place after each contact with the patient or his/her environment before and after each food preparation, after using the toilet (careful handwashing with liquid soap for at least 20 seconds or use of alcohol-based hand sanitizer if the hands are clean.
  - After hand washing, disposable paper handkerchiefs should be used. If this is not possible a cloth towel can be used and then changed.
  - Respiratory etiquette should always be implemented (covering the mouth and nose during coughing and sneezing, using disposable masks, paper handkerchiefs and coughing into the elbow). Respiratory etiquette should be followed by careful hand washing.
  - Careful disposal of masks of paper handkerchiefs after respiratory etiquette or careful washing of the mask if made of cloth.



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- Contact should be avoided with bodily fluids (saliva, sputum or any other respiratory secretions, faeces avoid contact with bare hands use disposable gloves) and followed on with hand hygiene.
- Careful disposal of infective material from the patient (gloves, masks, paper handkerchiefs) which are kept in a tied bag in the patient's room before its disposal with the rest of the domestic waste.
- Contact should be avoided with potentially infected objects like plates, cups, knives and forks, towels which need to be carefully washed and then reused.
- Daily cleaning and disinfection of the patient's room, the surfaces with soap or detergent and rinsing with water then disinfection with chlorine 3% 1 part in 30.
- Cleaning of toilets with the same concentration of chlorine.
- Soiled clothes, towels, bed covers should be placed in a separate bag with care to avoid contact with skin or clothes. These should be washed in the washing machine using household detergent and a high temperature of 60<sup>0</sup>-90<sup>0</sup> and good drying.
- Disposable gloves and a gown should be worn when cleaning surfaces and collecting clothes, towels and bed covers which may be contaminated with bodily fluids. Hand hygiene should be conducted following cleaning.
- The patient needs to stay at home until the symptoms have subsided and after clinical assessment has been carried out.

### **Management of Close Contacts**

- Close contacts of suspected cases of COVID-19 (e.g. family members or healthcare professionals) or of confirmed cases should closely monitor their health for 14 days from the last day of contact with the patient. If they should develop symptoms of respiratory infection (fever, cough, sore throat, shortness of breath or diarrhoea they should immediately seek medical help.
- Daily communication with a healthcare professional should be maintained during this period of 14 days of monitoring.
- If the close contacts need to be transported to a healthcare facility then they need to communicate with their personal doctor for further guidance and if they do not have a personal doctor, they call the 1420 emergency ambulance call centre.
- The personal doctor should inform the healthcare facility ahead about the arrival of the patient



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- The patient should wear a disposable mask during transport to the healthcare facility
- The patient should not use public transport, using a private vehicle with open windows or an ambulance is preferable. The patient should sit in the back of the vehicle wearing a surgical mask.
- The patient should maintain respiratory etiquette (covering the mouth and nose during coughing and sneezing, using disposable masks, paper handkerchiefs and coughing into the elbow). Respiratory etiquette should be followed by careful hand washing.
- Maintaining a distance of 2 m is necessary for those in the vicinity of the patient both during transport to hospital or when waiting in the hospital facility for clinical assessment.
- Careful cleaning and disinfection of surfaces which could have been contaminated by the patient's bodily fluids during transport to the healthcare facility should be carried out using household detergent, soap, careful rinsing and then disinfection with chlorine 1:10

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Medical and Public Health Services

Ministry of Health

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